Requesting Prior Authorization

Complete the ProviderOne Authorization Intake Process

This Guide Is Designed to Prepare You to:

- Locate the General Information for Authorization form, DSHS 13-835

- Fill out the Authorization Form with the Required Information

- Navigate ProviderOne Paper and Fax Intake Process

- Check on the Status of Your Authorization Request

- Submit Additional Supporting Documentation with Department Cover Sheets When Needed

Note: This chapter does not apply to pharmacy authorization, Long Term Acute Care (LTAC), or Physical Medicine and Rehabilitation (PM&R) admissions.

Why Requesting Prior Authorization Is an Important Activity?

Some Medicaid-covered procedures require Prior Authorization. If you need to determine if the service requires authorization, please review the "Client Eligibility, Benefit Packages, and Coverage Limits" chapter of the ProviderOne Billing and Resource Guide. This chapter will discuss how to submit your authorization request. Submitting your request according to the Department's guidelines will help expedite the authorization process.

Disclaimer

A contract, known as the Core Provider Agreement, governs the relationship between the Department and Medical Assistance providers. The Core Provider Agreement's terms and conditions incorporate federal laws, rules and regulations, state law, Department rules and regulations, and Department program policies, numbered memoranda, and billing instructions, including this Guide. Providers must submit a claim in accordance with the Department rules, policies, numbered memoranda, and billing instructions in effect at the time they provided the service.

Every effort has been made to ensure this Guide's accuracy. However, in the unlikely event of an actual or apparent conflict between this document and a Department rule, the Department rule controls.

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Requesting Prior Authorization

The Key Steps

1. Complete Authorization Form 13-835

2. Submit Authorization Request to the Department with required back-up

3. Check the Status of Your Request

4. Send in Additional Documentation if Requested by the Department

Key Step

1

Complete Authorization Form 13-835

Why

To begin the authorization process you need to complete DSHS form 13-835. ProviderOne can begin processing the authorization request once the Department receives this form filled out correctly.

How

- Access the online authorization form 13-835 at http://www.dshs.wa.gov/msa/forms/eforms.html.

- Type in the required fields before printing the form.   The table below describes what information should be placed in each field. This table is also located online after the authorization form.

Field	Name	Action
		ALL FIELDS MUST BE TYPED
1	Org (**Required**)	Enter the Number that Matches the Program/Unit for the Request 501 - Dental 502 - Durable Medical Equipment (DME) 509 - Economic Services Administration (ESA) 504 - Home Health 505 - Hospice 506 - Inpatient Hospital 508 - Medical 510 - Mental Health 511 - Outpt Proc/Diag 513 - Physical Medicine & Rehabilitation (PM & R) 514 - Aging and Disability Services Administration (ADSA) 515 - Transportation
2	Service Type (**Required**)	Enter the letter(s) in all CAPS that represent the service type you are requesting. AA Ambulatory Aids BB Bath Bench BEM Bath Equipment (misc) BGM Blood Glucose Monitors BGS Bone Growth Stimulator BP Breast Pumps

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Field	Name	Action	
		BS	Bariatric surgery
		BSS2	Bariatric surgery stage 2
		C	Commode
		CI	Cochlear Implants
		CIERP	Cochlear Implant Ext Repl Prts
		CSC	Commode/Shower Chair
		CWN	Crowns
		DASA	DASA
		DEN	Dentures
		EN	Enteral Nutrition
		ESA	ESA
		FSFS	Floor Sitter/Feeder Seat
		HB	Hospital Beds
		HEA	Hearing Aids
		HH	Home Health
		HSPC	Hospice
		IPT	Infusion/Parental Therapy
		ITA	Inpatient admission - ITA
		JRA	JRA
		LTAC	LTAC
		MC	Medication
		MISC	Miscellaneous
		MN	Medical Nutrition
		MWH	Manual Wheelchair - Home
		MWNF	Manual Wheelchair - NF
		O	Other
		ODC	Orthodontic
		ODME	Other DME
		OOS	Out of State
		OP	Ostomy Products
		OS	Orthopedic Shoes
		OTC	Orthotics
		PAS	PAS
		PDN	Private Duty Nursing
		PHY	Pharmacy
		PL	Patient Lifts
		PMR	PM and R
		PROS	Prosthetics
		PRS	Prone Standers
		PSY	Psychotherapy
		PTL	Partial
		PWH	Power Wheelchair - Home
		PWNF	Power Wheelchair - NF
		PWNF	Power Wheelchair - NF
		PHYS	Physician Services
		R	Respiratory
		RBS	Rebases
		RE	Room equipment
		RLNS	Relines
		RM	Readmission

Field	Name	Action
		S Surgery SBS Specialty Beds/Surfaces SC Shower chairs SCAN MRI/PET Scans SF Standing Frames SGD Speech Generating Device SSIP Short Stay (In-Patient) T Therapies (PT/OT/ST) TRN Transportation TU TENS Units US Urinary Supplies V Vision VNSS Vagus nerve stimulator surgery VOL Inpatient admission-Voluntary WDCS Wound/decubiti care supplies
3	Name (**Required**)	Enter the last name, first name, and middle initial of the patient you are requesting authorization for.

4	Client ID (**Required**)	Enter the ProviderOne client ID = 9 numbers followed by WA.
		
		For Prior Authorization (PA) requests when the client ID is unknown (e.g. client eligibility pending):
		  ▪ You will need to contact the Department at 1-800-562-3022 and the appropriate extension of the Authorization Unit (See contact section for further instructions).
		  ▪ A reference PA will be built with a placeholder client ID.
		  ▪ If the PA is approved – once the client ID is known – you will need to contact the Department either by fax or phone with the Client ID.
		  ▪ The PA will be updated and you will be able to bill the services approved.

5	Living Arrangements	Indicate where your patient resides such as, home, group home, assisted living, skilled nursing facility, etc.
6	Reference Auth #	If requesting a change or extension to an existing authorization, please indicate the number in this field.
7	Requesting NPI # (**Required**)	The 10 digit number on the department's provider file.
8	Requesting Fax#	The fax number of the requesting provider.
9	Pay-to Servicing NPI # (**Required**)	The 10 digit number for the pay to provider on the Department's provider file.
10	Name	The name of the billing/servicing provider.
11	Referring NPI #	The 10 digit number for the referring on the Department's provider file.
12	Referring Fax #	The fax number of the referring provider.
13	Service Start Date	The date the service is planned to be started if known.
15	Description of service being requested (**Required**)	A short description of the service you are requesting (examples, manual wheelchair, eyeglasses, hearing aid).
18	Serial/NEA# (**Required for all DME repairs**)	Enter the serial number of the equipment you are requesting repairs or modifications to or the NEA# to access the x-rays for this request.
20	Code Qualifier (**Required**)	Enter the letter corresponding to the code from below: T - CDT Proc Code (dental related)

Field	Name	Action
		C - CPT Proc Code (physician related) D - DRG (only use when instructed by the Department) P - HCPCS Proc Code (equipment, supplies, and some physician services) I - ICD-9/10 Proc Code (physician related) R - Rev Code (applicable to PM&R, inpatient psych, and LTAC) N - NDC-National Drug Code S - ICD-9/10 Diagnosis Code
21	National Code **(Required)**	Enter each service code of the item you are requesting authorization that correlates to the Code Qualifier entered.
22	Modifier	When appropriate enter a modifier.
23	# Units/Days Requested **(Required)**	Enter the number of units or days being requested for items that have a set allowable. (Refer to the program specific Billing Instructions for the appropriate unit/day designation for the service code entered).
24	$ Amount Requested **(Required)**	Enter the dollar amount being requested for those service codes that do not have a set allowable. (Refer to the program specific Billing Instructions and fee schedules for assistance) Must be entered in dollars & cents with a decimal (e.g. $400 should be entered as 400.00.
25	Part # (DME only) **(Required for all "By Report" codes requested)**	Enter the manufacturer part # of the item requested.
26	Tooth or Quad # **(Required for dental requests)**	Enter the tooth or quad number as listed below: QUAD 00 – full mouth 01 – upper arch 02 – lower arch 10 – upper right quadrant 20 – upper left quadrant 30 – lower left quadrant 40 – lower right quadrant Tooth # 1-32, A-T, AS-TS, and 51-82
27	Diagnosis Code	Enter appropriate diagnosis code for condition.
28	Diagnosis name	Short description of the diagnosis.
29	Place of Service	Enter the appropriate two digit place of service code. http://www.cms.hhs.gov/PlaceofServiceCodes/ <table><tr><th>Place of Service Code(s)</th><th>Place of Service Name</th></tr><tr><td>01</td><td>Pharmacy</td></tr><tr><td>03</td><td>School</td></tr><tr><td>04</td><td>Homeless Shelter</td></tr><tr><td>05</td><td>Indian Health Service Free-standing Facility</td></tr><tr><td>06</td><td>Indian Health Service Provider-based Facility</td></tr><tr><td>07</td><td>Tribal 638 Free-standing Facility</td></tr><tr><td>08</td><td>Tribal 638 Provider-based Facility</td></tr><tr><td>09</td><td>Prison-Correctional Facility</td></tr></table>

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Field	Name	Action	
		11	Office
		12	Home
		13	Assisted Living Facility
		14	Group Home
		15	Mobile Unit
		20	Urgent Care Facility
		21	Inpatient Hospital
		22	Outpatient Hospital
		23	Emergency Room – Hospital
		24	Ambulatory Surgical Center
		25	Birthing Center
		26	Military Treatment Facility
		31	Skilled Nursing Facility
		32	Nursing Facility
		33	Custodial Care Facility
		34	Hospice
		41	Ambulance - Land
		42	Ambulance – Air or Water
		49	Independent Clinic
		50	Federally Qualified Health Center
		51	Inpatient Psychiatric Facility
		52	Psychiatric Facility-Partial Hospitalization
		53	Community Mental Health Center
		55	Residential Substance Abuse Treatment Facility
		56	Psychiatric Residential Treatment Center
		57	Non-residential Substance Abuse Treatment Facility
		60	Mass Immunization Center
		61	Comprehensive Inpatient Rehabilitation Facility
		62	Comprehensive Outpatient Rehabilitation Facility
		65	End-Stage Renal Disease Treatment Facility
		71	Public Health Clinic
		72	Rural Health Clinic
		81	Independent Laboratory
		99	Other Place of Service
30	Comments	Enter any free form information you deem necessary.	

- If you sent paper, print out the form to send to the Department. You can refer to your program-specific Billing Instructions for policy-related questions.

- Frequently asked questions, helpful hints, and instructions for completing the authorization request form for our most common service types can be located at: http://hrsa.dshs.wa.gov/Authorization/. This website contains examples of how to fill out the authorization form for specific provider types.
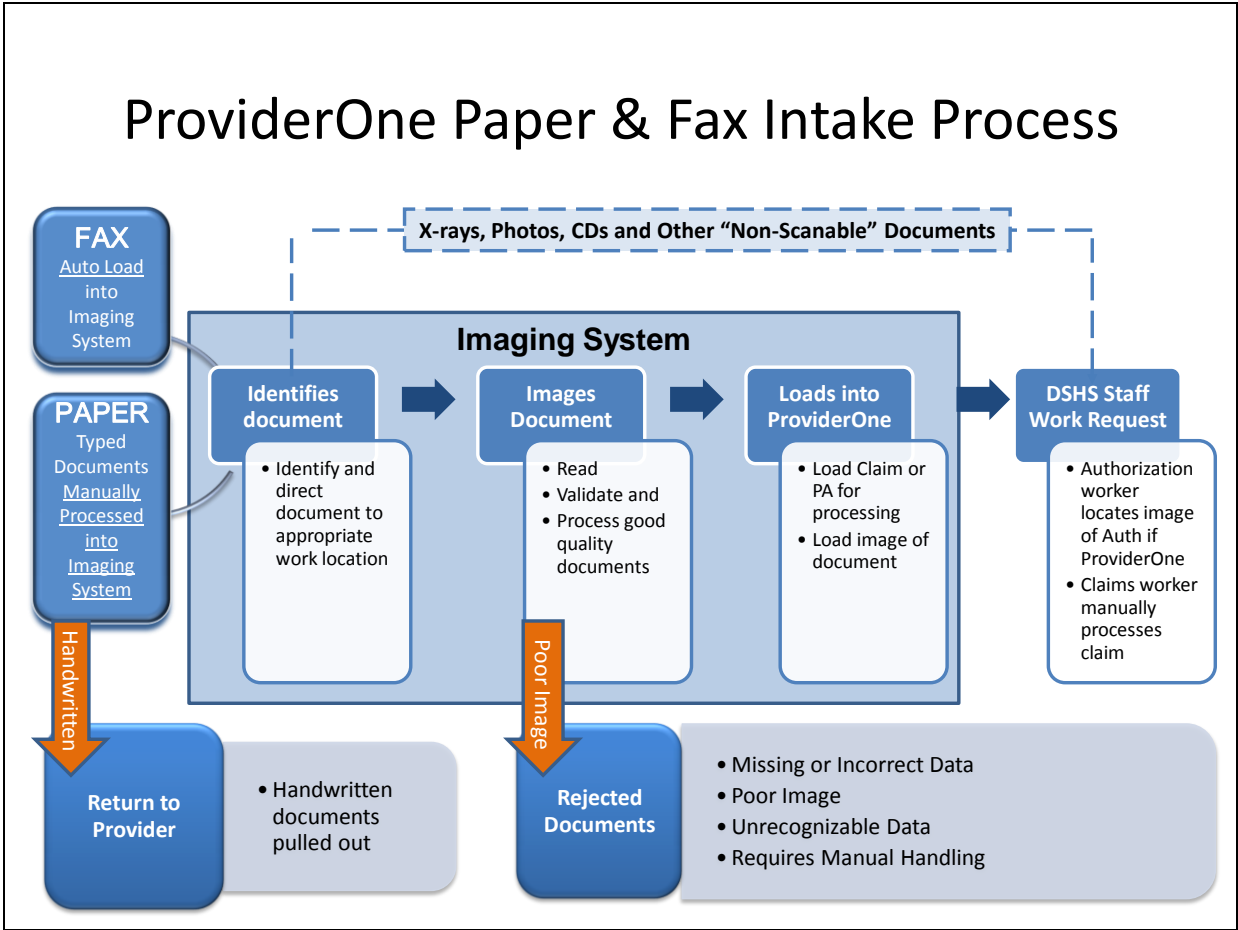
Pitfalls

- **Hand writing the authorization request form. Forms that are handwritten will be returned to providers.**

- **Using NPI that is not on the Department provider file. You can confirm you are using the correct NPI by checking step 1 in your ProviderOne provider file. Please see the registration Elearning at http://hrsa.dshs.wa.gov/providerone/ERegistration.htm for more information about checking the provider file**

- **Using NPI for servicing provider in field instead of "pay to provider". For the purposes of Prior Authorization, servicing NPI is referring to the billing provider.**

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Key Step

2

Submit Authorization Request to the Department with Required Back-up

Why

ProviderOne uses scanning technology that converts documents received via fax or paper into electronic files. Make sure the form is submitted correctly to the Department. This will ensure your request can be processed and loaded into ProviderOne. The technology works as outlined below:

ProviderOne Paper & Fax Intake Process

X-rays, Photos, CDs and Other "Non-Scanable" Documents

FAX
Auto Load into Imaging System

PAPER
Typed Documents Manually Processed into Imaging System

Imaging System

Identifies document
• Identify and direct document to appropriate work location

Images Document
• Read
• Validate and
• Process good quality documents

Loads into ProviderOne
• Load Claim or PA for processing
• Load image of document

DSHS Staff Work Request
• Authorization worker locates image of Auth if ProviderOne
• Claims worker manually processes claim

Handwritten

Return to Provider
• Handwritten documents pulled out

Poor Image

Rejected Documents
• Missing or Incorrect Data
• Poor Image
• Unrecognizable Data
• Requires Manual Handling

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How

Prepare authorization package

By Fax
Prior authorization requests can be faxed to 1-866-668-1214. If these forms are sent correctly they can be processed and loaded into ProviderOne with less human intervention. Please follow these instructions when submitting your request:
- **Place form 13-835 as the first page that will come over the fax.**
- Please do not use your own cover sheets. The first page that comes over the fax must be DSHS form 13-835.
- Set to size 8 ½ x 11 and photo quality.
- Fax each request to the Department individually. This means pausing between each fax. If you fax multiple requests to the Department at once, ProviderOne will group them as a single request.

By Mail
Prior Authorization requests can be mailed to:
> Authorization Services Office
> PO Box 45535
> Olympia, WA 98504-5535

If sending x-rays, photos, CDs, or other non scannable items you will:
- Place the items in a large envelope;
- Attach the PA request form to the **outside** of the envelope;
- Write on the outside of the envelope:
  - Client name
  - Client ProviderOne ID
  - Your NPI
  - Your name
  - Sections the request is for:
    - MEAU (Medical)
    - DME (Durable Medical Equipment)
    - Dental or Ortho
- Then put the envelope in a larger envelope for mailing.

Another option for submitting dental photos or x-rays for Prior Authorization is the FastLook and FastAttach services provided by National Electronic Attachment, Inc. (NEA). You may register with NEA by visiting www.nea-fast.com and entering "FastWDSHS" in the blue promotion code box. Contact NEA at 800-782-5150 ext. 2 with any questions. When this option is chosen, you can fax your request to the Department and indicate the NEA# in the NEA field on the PA Request Form.

Note: The Department is working on a process for using a similar mechanism for medical photos.

Pitfalls

- **Using a cover sheet when faxing DSHS form 13-835 to the Department. The first page of the fax must be the Department's authorization request form.**

- **Using automated outbound fax technology that has altered the size of the paper from 8 ½ x 11.**

- **Not having your date stamp information up to date on your fax machine.**

- **Not setting your fax machine to photo quality images.**

- **Not putting your x-rays, photos CDs in a separate envelope and not adding the required information on the outside of the inside envelope. The requests get returned to the provider if they are not submitted correctly.**

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Key Step

3

Check the Status of Your Request

Why

While you are waiting for your authorization to process, you can check the status using the IVR or ProviderOne.

How

Using the IVR
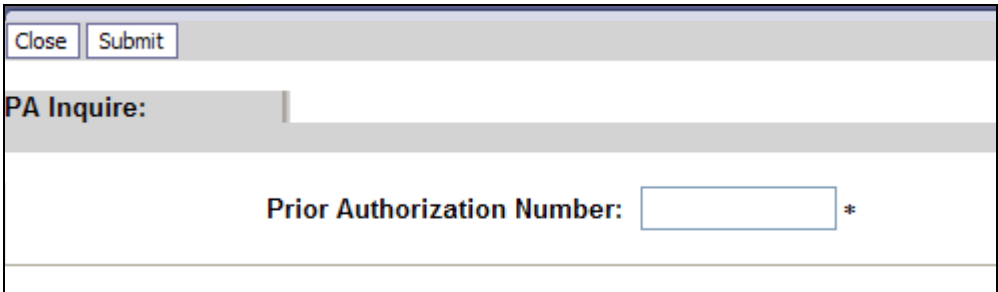
To use the IVR you will need the NPI you used when you prepared the authorization request form, the ProviderOne Client ID, and date of birth. The IVR will provide the authorization number as well as the status information. Please see Appendix A for details on using the IVR to check authorization status.

You can also use ProviderOne to check the status once the authorization number is known.

Using ProviderOne

Select "Provider Authorization Inquiry" from the provider home page.

Enter the PA number and click on submit.

| Close | Submit |

PA Inquire:

Prior Authorization Number: [   ] *

The system will return your authorization status.

The following Authorization statuses may be returned:

Requested	This means the authorization has been requested and received.
In Review	This means your authorization is currently being reviewed.
Cancelled	This means the authorization request has been cancelled.
Pended	This means we have requested additional information from the provider in order to make a decision on the request.
Referred	This means the request has been forwarded to a second level reviewer.
Approved/Hold	This means the request has been approved, but additional information is necessary before the authorization will be released for billing.
Approved/Denied	This means the request has been partially approved and some services have been denied.
Rejected	This means the request was returned to you as incomplete.
Approved	This means the Department has approved your request.
Denied	This means the Department has denied your request.

Pitfalls

- **Calling the Medical Assistance Customer Service Center and waiting on hold to talk with an agent to check the status of an authorization request. You can check the status without having to talk with a customer service representative.**

Key Step

4

Send in Additional Documentation if Requested by the Department

Why

Once the Department receives your request, it will proceed through the review process. The Department may request additional information in order to process your request.

How

If you are mailing/faxing supporting documentation, or responding to a request from the Department for additional information, you will need to print the Department cover sheet. These cover sheets are needed when you fax or mail in back-up documentation to an existing authorization request. Cover Sheets can be located at: http://hrsa.dshs.wa.gov/download/document_submission_cover_sheets.html.

There are many cover sheets that can be used for different tasks available on this website. You will want to use the "PA Pend Forms" cover sheet for submitting additional information to an existing authorization request. You will need to know the authorization number in order to use this cover sheet.

After selecting this form, you'll be asked to fill in the PA ID. This is the authorization number. Make sure you key in the 9-digit number. Do not copy and paste the PA number into this field. Once you fill in the information, a barcode will be generated when you hit "enter" after the PA ID is entered. This bar code allows our scanner to read the number, similar to the grocery store when an item is scanned and the description and price appear on the screen of the register. Then just print the completed form, attach it to the supporting documentation, and submit either via fax (1-866-668-1214) or mail (PO Box 45535, Olympia, WA 98504-5535).

Here is an example of the PA cover sheet. You can see the authorization number entered created a complete barcode:

Cover Sheet Tips

- Hit the enter key after typing in the complete authorization number so the barcode is created. Cover sheets without completed barcodes will be returned.
- You must submit a separate cover sheet for each authorization you are submitting back-up documentation for.
- If faxing multiple documents, each cover sheet and documentation set must be faxed individually. If you fax multiple requests to the Department at once, ProviderOne will group them as a single request and all attachments will be attached to the electronic record for the authorization identified on the first cover sheet.
- If mailing, multiple sets of documentation can be mailed in a single envelope.
- You can save the link to the cover sheets as a "Favorite," but be sure to always get them real-time from our Web site to make sure you're using the correct version. **Do not save these to your own desktop and re-use them.**
- Do not use a cover sheet when submitting an original prior authorization form.
- If you are creating multiple cover sheets, make sure to click "Clear Fields" before entering the next authorization number.

Examples of Non Scannable Cover Sheets

It is important that our new scanning technology can read the barcode on the cover sheet. If the fax quality is poor, or the barcode is incomplete, it cannot be scanned.

Here is an example of a poor quality image. The barcode below cannot be read because there are black dots all over the image. You can set your fax to "photo quality image" to improve the image quality:

This is an example of a handwritten cover sheet. You can see the barcode is incomplete. ProviderOne will not be able to read this cover sheet and attach the submitted documentation to the electronic authorization record:
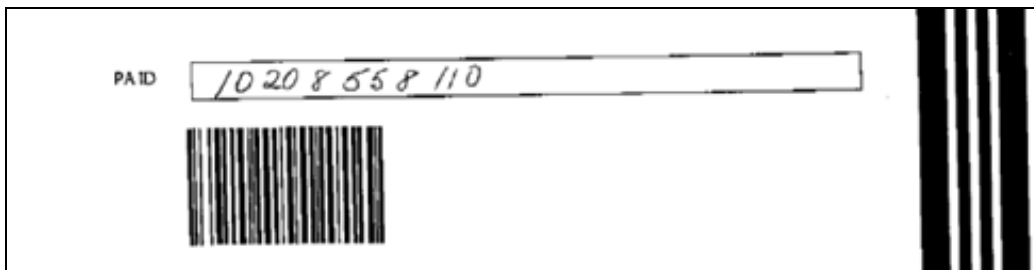
Pitfalls

- **Not completing the barcode. If you do not press enter after you type the PA ID, the barcode will not be created.**

- **Using the Client ID instead of the PA ID. You must enter the Prior Authorization number on the cover sheet.**

- **Sending a cover sheet that is a poor quality image. Barcodes must be readable by the scanner.**

- **Sending an original authorization request form 13-835 when sending in additional information to attach to an existing authorization record.**

Appendix A: Use IVR to Check Status of an Authorization

Shortcut

Authorization

1-800-562-3022

Enter 1, 5, 2

How

The ProviderOne IVR accepts voice responses or keypad entries, indicated by brackets [ ]. You can key ahead at anytime.

1-800-562-3022

↓

Stay on the line or
"English" [1]
"Spanish" [2]

↓

Stay on the line or if an extension
"Dial" [#]

↓

"Provider Services" [5]

↓

"Authorization" [2]

↓

"Pharmacy" [1]
"All Other" [2]

↓

"Get Status" [2]

↓

Search by
"Authorization Number" [1]
"DSHS Services Card" [2]

Client ID
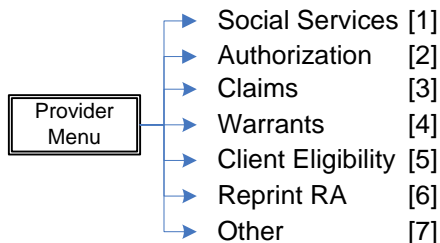
Date of Birth

What will I hear?

The IVR will play the information only to the provider(s) identified on the authorization.

Search by Authorization number or by the Services Card number, which will also ask for a date of birth. If multiple authorization numbers are found, narrow the search with an NDC or Service Code as well as an expected date of service.

The types of information available are:
Authorization Number
Status date
Status, such as
- Approved
- In Review
- Denied
- Referred
- Pending
- Cancelled

Provider Menu Choices

Provider Menu
→ Social Services [1]
→ Authorization [2]
→ Claims [3]
→ Warrants [4]
→ Client Eligibility [5]
→ Reprint RA [6]
→ Other [7]